

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		02/10/01
C.I.P.E. CLASSIFIER		8	02-15-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		69300	

### INDEX OF CLAIMS

✓	Rejected	N	Non-elected
□	Allowed	I	Interference
—	(Through numeral)... Canceled	A	Appeal
+	Restricted	O	Objected

Claim	Final	Original	Date
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BEST AVAILABLE COPY

if more than 150 claims or 10 actions  
staple additional sheet here

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